

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 1 4

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16-202

Attachment 4.19B, Page 4 aaaa,
Supplement 1 to Attachment 3.1-A, Pages 1-g/10-g

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

New Material

10. SUBJECT OF AMENDMENT:

State Plan Amendment and Interagency Agreement between the Department of Social Services and the Department of Elementary and Secondary Education for the provision of the Targeted Case Management Program for Children Ages birth to thirty-six months, eligible under Part C of the Individuals with Disabilities Education Act.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME: Dana Katherine Martin

14. TITLE: Director

15. DATE SUBMITTED:

June 26, 2001

16. RETURN TO:

Department of Social Services
Division of Medical Services
615 Howerton Court
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 26, 2001

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc:
Martin
Vadner
Waite
CO

SPA CONTROL

Date Submitted: 06/26/01

Date Received: 06/26/01

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, DIVISION OF MEDICAL SERVICES
And
THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Relating to
TARGETED CASE MANAGEMENT FOR CHILDREN AGES BIRTH TO THIRTY-SIX
MONTHS ELIGIBLE UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

**I
STATEMENT OF PURPOSE**

This Agreement reflects the cooperative and mutual understanding between the Missouri Department of Social Services, Division of Medical Services (DSS/DMS) and the Missouri Department of Elementary and Secondary Education (DESE). DSS is the designated single state agency for the administration of the Title XIX (Medicaid) program in Missouri and DMS is the division within DSS which directly managed the Medicaid program operations. DESE is the statutorily authorized agency with administrative responsibility and control of the provision of services to families and children eligible under Part C of the Individuals with Disabilities Education Act (IDEA).

This agreement is entered into for the purpose of efficiently and effectively carrying out the implementation and administration of Medicaid Targeted Case Management (Service Coordination) Services for families and young children, ages birth to 36 months, eligible under the state's Part C service system as required under IDEA. The Department of Social Services, Division of Medical Services recognizes the unique expertise of DESE related to the administration of services for this population and, in order to take advantage of this expertise, enters into this cooperative agreement.

**II
MUTUAL OBJECTIVES**

To assure that the recipients of service under the case management program are afforded services and supports to achieve the greatest possible adjustment and functioning within their families and communities, and thereby to reduce or prevent the need for institutionalism.

Further, to assure that services provided under the case management program are provided in an efficient and cost effective manner, and in accordance with the standards, policies and procedures of the program.

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Supersedes TN No. New Material

Approval Date AUG 29 2001
Effective Date 07/01/01

**III
RESPECTIVE DUTIES**

Department of Social Services agrees to:

1. Reimburse DESE the Title XIX federal share of actual and reasonable costs for administration provided by DESE staff and contractors based on a time accounting system which is in accordance with the provision of OMB circular A87 and 45 CFR parts 74 and 95. Administrative costs include expense and equipment costs necessary to collect data, disseminate information, and carry out all DESE functions outlined in this agreement related to the efficient administration of the Medicaid state plan as described in the HCFA State Medicaid Manual Section 4302.2 G.2 and

The rate of reimbursement of eligible administrative costs will be 50%, if claimed, in accordance with the provisions of 42 CFR 432. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Participate in Medicaid related training that may be deemed necessary by the Director(s) of DSS and DESE for the execution of the provisions of this agreement.
3. Determine recipient's income eligibility for Medicaid.
4. Upon completion of a Medicaid Provider enrollment package, enroll providers meeting the qualifications established by the DESE for the First Steps and ECSE program and as determined by the Central Finance Office (CFO).
5. Reimburse for case management services provided to eligible clients for which DESE has certified the required state match.
6. Assist DESE in preparing and reviewing material to be published by DESE regarding the case management program, including policy memoranda, manuals, and reports.

Department of Elementary and Secondary Education agrees to:

The Department of Elementary and Secondary Education (DESE), recognizing the authority of the Department of Social Services (DSS) to determine, and to approve or disapprove the issuances of, policies and regulations regarding the Medicaid program, shall:

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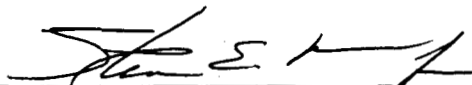
Approval Date AUG 29 2001
Effective Date 07/01/01

1. Maintain appropriate professional, technical and clerical staff to provide necessary administrative activities as described in this document.
2. Develop standards and procedures for provider enrollment, service delivery, documentation and monitoring.
3. Certify the state match based on the current FMAP rate for targeted case management billed by the Central Finance Office (CFO) on behalf of all First Steps and ECSE service coordination providers except for the Department of Mental Health and Department of Health employees or sub-contractors.
4. Analyze and plan for the impact of proposed or enacted federal or state regulatory or statutory changes on the case management program.
5. Conduct provider relations, training and technical assistance activities necessary for the efficient administration of the case management program.
6. Facilitate enrollment of community based providers for case management services, including verification and documentation that such providers meet the conditions of participation in the program as defined by DESE and approved by DSS. DESE will provide the provider enrollment materials, to include an addendum assuring that the conditions under which non-state entities may participate in this program have been met.
7. Prepare, print and mail material regarding the case management program, including policy memoranda, manuals and reports.
8. Facilitate utilization and other reviews conducted by DMS for this program, including collecting requested documentation from local educational agencies and forwarding to DMS.
9. Monitor providers for procedural compliance with law and regulation, and with the conditions of participation required by DESE and by DSS.
10. Report instances of provider non-compliance to DSS and jointly pursue any action necessary and appropriate to remedy the non-compliance.
11. Participate in Medicaid related training that may be deemed necessary by the Director(s) of DSS and/or DESE.

12. Annually propose a rate to DSS for targeted case management services provided by birth to 36 months providers. The approval of rates will assure that the expenditures claimed for Federal Financial Participation do not exceed actual cost as required by OMB Circular A-87.
13. Be responsible for any federal funds which are deferred and/or ultimately disallowed arising from a failure by DESE to comply with a federal requirement. DESE will provide DMS all information required to submit a state plan amendment at least 30 days before the amendment must be submitted to HCFA.
14. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the activities authorized under this agreement.


IV TERMS OF THIS AGREEMENT

The effective date of this agreement shall be effective July 1, 2001. This agreement may be modified at any time by the written agreement of both and it may be canceled by either party after giving thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made only for the period when the agreement is in full force and effective.



Dana Katherine Martin, Director
Department of Social Services

June 26, 2001
Date



Dr. D. Kent King, Commissioner
Department of Elementary
and Secondary Education

5-25-01
Date

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Approval Date AUG 29 2001
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State Missouri

Method for establishing payment rates for case management services for all Medicaid eligible children ages birth to 36 months who are eligible for early intervention services

The state agency will reimburse case management services providers at rates as defined and determined by the Division of Medical Services (DMS) and established in accordance with the provisions of 42 CFR 447. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable fee for service.

The maximum allowable fee shall be based upon actual and reasonable costs for administration provided by DESE staff and contractors based on a time accounting system which is in accordance with the provision of OMB circular A87 and 45 CFR parts 74 and 95.

Administrative costs include expense and equipment costs necessary to collect data, disseminate information, and carry out all DESE functions outlined in this agreement related to the efficient administration of the Medicaid state plan as described in the HCFA State Medicaid Manual Section 4302.2 G.2 and H.

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Supersedes TN No.: New Material

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

CASE MANAGEMENT SERVICES

A. Target Group:

Targeted Case Management (service coordination) for Young Children, ages birth to 36 months, with developmental disabilities or delays or who are at risk for developmental delays due to diagnosed medical conditions, and their families. The targeted case management program covers case management services for all Medicaid eligible children ages birth to 36 months who are eligible for early intervention who have been determined by a multi disciplinary team as having a diagnosed physical or mental condition associated with developmental disabilities or that has a high probability of resulting in a developmental delay or disability, or those who have been identified as having an existing developmental delay in one or more development domain.

B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Case management for children who meet the definition of the target group.

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Case management is a system under which responsibility for locating, coordinating, and monitoring a group of services rests with a designated person or organization in order to promote the effective and efficient access to necessary comprehensive services. Case management can be conceptualized as a set of individual client goal oriented activities which organize, coordinate, and monitor service delivery based on measurable objectives. The goal of case management for children is to increase participation in preventive health care and establish and ensure the maintenance of a continuum of care. The service will assist individual children and their families in accessing coordinated services to address the services defined in the Individualized Family Service Plan (IFSP) from a variety of programs and services such as early intervention providers, local public schools, MC+ Managed Care, the Special Supplemental Food Program for Women, Infants and Children (WIC), the Division of Mental Retardation, Department of Health/BSHCN services, etc. Early entry into health care and compliance with medical regime enhances and improves the medical management of children. It should also be beneficial in the medical management of children, and identifying and working through other barriers to access to care.

Given the potential complex and diverse needs of the client population served by First Steps, it is reasonable to assume that some of these children and families will benefit from and be eligible for other services offered through the Departments of Health and Mental Health. For the purposes of these targeted case management services, primary case management/service coordination means those activities defined under Section 1915(g)(2) of the Social Security Act which will assist individuals eligible under the plan in gaining access to needed medical, social, education, and other services. Secondary case management/service coordination means those activities conducted by either Department Of Health (DOH) or Department of Mental Health (DMH) specifically related to the services offered through their department, requiring a degree of internal agency management and oversight. Where children are dually enrolled in First Steps and either the DOH or DMH, procedures to ensure against duplication in case management (service coordination) functions, activities, responsibilities, documentation or reimbursement include the following:

1. Either DOH or DMH may be assigned the responsibilities for case management/service coordination for First Steps functions and their individual agency program case management/service coordination obligations.
 - a. In these instances, the DOH or DMH shall invoice and be reimbursed Medicaid covered children through their existing department case management program. No additional payments for these services shall be made through the First Steps TCM.

- b. Data providing information concerning the frequency, intensity, location and duration of case management/service coordination services including individual child identification shall be provided on a monthly basis to DESE in order to meet their continuous data collection and compliance obligations related to the First Steps system.
 - c. Services provided in this manner shall be provided only by individuals who have met the First Steps credential and enrollment requirements, and who maintain this credential on an ongoing basis. These requirements include compliance with the First Steps federal and state regulations, policies and procedures as the primary standard of practice.
2. A case manager/service coordinator credentialed and enrolled in the First Steps system shall be selected and shall function as the primary case manager/service coordinator. Either DOH or DMH may be assigned the responsibilities for case management/service coordination their individual agency program case management/service coordination obligations for those children dually enrolled in First Steps and the DOH or DMH agency program, permitting the child and/or family to receive services managed solely through this department.
- a. In order to ensure against duplication of service, the Individualized Family Service Plan shall clearly include these DOH or DMH services, the specific obligations and functions, time lines and purposes of the Department case manager/service coordinator, and methods to ensure ongoing communication between the primary and secondary case manager/service coordinator.
 - b. Primary case management/service coordination for Medicaid enrolled children shall be covered by the First Steps TCM. Secondary case management/service coordination provided by the DOH or DMH shall invoice and be reimbursed for Medicaid covered children through their existing department case management program. No additional payments for these services shall be made through the First Steps TCM.
 - c. Data providing information concerning the frequency, intensity, location and duration of case management/service coordination services including individual child identification shall be provided on a monthly basis to DESE in order to meet their continuous data collection and compliance obligations related to the First Steps system.

- d. Services provided in this manner do not specifically require that these individuals will have met the First Steps credential and enrollment requirements, and maintain this credential on an ongoing basis. Individuals functioning in secondary case management/service coordination roles must have an accurate knowledge of the First Steps federal and state regulations, policies and procedures and must be in compliance with these obligations as they relate to the Individualized Family Service Plan (IFSP) process to include routine and ongoing communications with the primary case manager/service coordinator.

In all instances, the provision of case management/service coordination will be clearly detailed in the IFSP which is reviewed and evaluated on a regular basis. Each of the agencies will ensure against duplication of service or reimbursement through the ongoing and continuous reporting of service data to the Department of Elementary and Secondary Education (DESE), as well as individual staff training, supervision and internal monitoring.

If instances of service duplication are discovered, the departments will initiate remedies as set forth in the First Steps System Interagency Agreements and ensure any repayment as appropriate to the Department of Social Services for the state's Medicaid program.

Service coordination is an ongoing, coordinative process designed to facilitate and enhance the delivery of early intervention services under this part that involves:

- a. Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
- b. Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- c. Facilitating the timely delivery of available services; and
- d. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities. Service coordination activities include:

- a. Coordinating the performance of evaluations and assessments;
- b. Facilitating and participating in the development, review, and evaluation of IFSPs;
- c. Assisting families in identifying available service providers;
- d. Coordinating and monitoring the delivery of available services;
- e. Informing families of the availability of advocacy services;
- f. Coordinating with medical and health providers;
- g. Facilitating the development of a transition plan to preschool services, if appropriate; and
- h. Assisting families to understand the sources of financing early intervention services, including public and private insurance programs, and how to access those sources; and
- i. To be knowledgeable about any potential long-term costs involved in accessing the sources described in paragraph (d)(8)(i) of this section, and how to minimize those costs.
- j. Assisting the family in enrolling and maintaining the eligible child in ongoing primary care (EPSDT/HCY services).

State Definition of Diagnosed Conditions

The State of Missouri has adopted the following conditions to meet the definition of "diagnosed physical or mental condition that has a high probability of resulting in a developmental delay" for children ages birth to 36 months:

1. Conditions diagnosed at birth or within 30 days post birth (newborn conditions)
 - a. Very Low Birth Weight (VLBW; less than 1,500 grams) with one or more conditions:
 - Apgar of 6 or less at 5 minutes
 - Intra cranial bleeds (Grade II, III, or IV)
 - Ventilator dependent for 72 hours or more
 - Asphyxiation

2. Conditions Diagnosed (Neonatal/Infant/Toddler Conditions)

- a. Genetic conditions known to be associated with mental retardation or developmental disabilities including but not limited to:

- Down Syndrome
- Cri-du-Chat Syndrome
- Klinefelter's Syndrome
- Trisomy 18 Syndrome (Edward's)
- Turner's Syndrome
- Trisomy 13 Syndrome (Patau's)
- Triple X Syndrome
- Fragile X Syndrome
- Prader Willi
- Pierre Robin

- b. A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age should be assigned for a period of up to 12 months or longer if recommended by the child's primary medical home. The delay must be identified in one or more of the following areas:

- a. cognitive development;
- b. communication development;
- c. adaptive development;
- d. physical development, including vision and hearing;
- e. social or emotional development;

E. Qualifications of Providers:

Case management providers must meet all of the following criteria:

1. Be enrolled as a Missouri Medicaid provider.
2. Be enrolled as a Missouri First Steps provider.

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3. Within two years of enrollment, all Early Intervention Specialists and Associates are required to obtain an early intervention credential that assures families that each enrolled provider has met additional qualifications related specifically to the provision of pediatric services within the framework of the state's early intervention system. This includes:
 - Meet basic personnel standards
 - i. For the Specialist Level: By 2003, hold a Bachelor's degree in Early Childhood Special Education, Early Childhood Education, or a related human service field (e.g., psychology, sociology, social work, child development and family studies, human development);
 - ii. For an Associate Level, hold a high school diploma or GED, and be supervised by a fully credentialed Service Coordinator.
 - Complete the required training
 - i. For the Specialist Level: successfully complete four (4) modules
 - ii. For the Associate Level: successfully complete three (3) modules
 - Document education and experiences to establish points in each competency area through portfolio activities.
 - Annually renew their credential, requiring a minimum of three points per year in continuing education and professional improvement related to early intervention competency areas.
4. Demonstrate the following knowledge and abilities:
 - Federal, state and local entitlement and categorical programs related to eligible children and their families such as Part C and Section 619 of the Individuals with Disabilities Education Act (IDEA), Title V, WIC, mental retardation, DOH/BSHCN services, etc.
 - Individual health care plan development and evaluation
 - Community health care systems and resources

- To develop an individualized family service plan based on an assessment of client developmental status to include physical, vision, hearing and nutritional status, social/emotional status, and personal and community resources
- To educate clients regarding their options, implications of intervention and to assist clients to make informed decisions regarding services
- To reinforce client responsibility for independent compliance
- To establish linkages among service providers
- To coordinate multiple agency services to the benefit of the client
- To evaluate client progress in accessing appropriate developmental, health medical care and other needed services.

F. Limitations on Services:

Case management services are not reimbursable if the recipient is not Medicaid eligible on the date of service.

Case management services are not reimbursable if the recipient is hospitalized and the services are rendered during the period of hospitalization. However, in the case of a severely medically involved infant or child, one month of case management would be allowed for the newborn who is still hospitalized, provided the case manager makes at least one home visit in order to continue the IFSP process and to begin to prepare the parents for care of the infant at home.

If a case manager contacts a Medicaid eligible client who has been assessed as eligible, informs them in person of the service, and the client refused to be enrolled, the case management provider may bill for one case management service.

G. Coordination With Non-Medicaid Agencies :

In accordance with the responsibilities and exercise of authority specified in 42 CFR 431.10(e), the Department of Social Services, as the single state agency, enters into a cooperative agreement with the Missouri Department of Elementary and Secondary Education concerning the provision of case management services for the targeted group(s) herein specified. This cooperative agreement, designated as Attachment 4.16-D, is compliant with the requirements at 42 CFR 431.615(d).

H. Quality Assurance:

Assurance of quality of case management services will be monitored on a regular basis to assure compliance and quality of care through a variety of quality assurance mechanisms including on-site reviews by the Missouri Department of Social Services or their authorized representatives. Quality Assurance activities conducted by the Missouri Department of Elementary and Secondary Education, acting as authorized representatives, shall be monitored by the Department of Social Services as provided in an interagency agreement.

Initial and routine on-site reviews and quality assurance monitoring activities will consist of the following items:

- Provider policy(s) and procedures regarding recipient grievance and resolution
- Care coordinator credentials and job description, to include provider enrollment and credentialing requirements
- Review documented case management activities through record review, interview and routine management data reports
- Other documents needed to clarify questions
- Utilization monitoring to determine appropriate plan implementation and oversight by the case manager
- Monitoring of individual child/family complaints with intervention where warranted

The Department of Social Services may, if the case management provider's patterns of utilization, quality of care, or appropriateness of care differ significantly from his peers:

- Discuss with the case management provider what steps can be taken to resolve the inappropriate patterns of utilization; and require that the services that are provided be consistent with the standards for appropriateness of care, the medical necessity of care, and the quality of care that Missouri Medicaid applies to all other case managers. The case management provider shall have thirty (30) days to correct the identified problems. If the provider fails to correct the problems, the Department shall:

- Stop offering the case management provider as a choice to additional recipients until patterns of utilization, quality of care, and appropriateness of care are satisfactorily improved.
- Terminate the case management provider enrollment

A case management provider may appeal to the Administrative Hearing Commission, under the provisions of Sections 208.156 and 621.055, RSMo 1986, decisions by the Department of such actions as suspension, termination, or denial of participation.